Written comments and recommendations concerning the proposed information collection should be sent within 30 days of this notice to: Wendy A. Taylor, Human Resources and Housing Branch, Office of Management and Budget, New Executive Office Building, Room 10235, Washington, DC 20503.

Dated: March 17, 1999.

Jane Harrison,

Director, Division of Policy Review and Coordination.

[FR Doc. 99–6951 Filed 3–22–99; 8:45 am]

BILLING CODE 4160–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Statement of Organization, Functions and Delegations of Authority

This notice amends Part R of the Statement of Organization, Functions and Delegations of Authority of the Department of Health and Human Services (DHHS), Health Resources and Services Administration (60 FR 56605 as amended November 6, 1995, as last amended at 64 FR 11478 dated March 9, 1999). This notice reflects the position title change in the Office of Field Operations.

I. Under Part R, HRSA, Office of Field Operations, (RE), Field Cluster Operations (RF), change the title of Field Coordinators to Field Directors. All duties and responsibilities will remain the same.

Section RF–30 Delegations of Authority

All delegations and redelegations of authority which were in effect immediately prior to the effective date hereof have been continued in effect in them or their successors pending further redelegation.

This position title change is effective upon date of signature.

Dated: March 12, 1999.

Claude Earl Fox,

Administrator.

[FR Doc. 99–6950 Filed 3–22–99; 8:45 am]

BILLING CODE 4160–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Government-Owned Inventions; Availability for Licensing

AGENCY: National Institutes of Health, Public Health Service, DHHS.

ACTION: Notice.

SUMMARY: The inventions listed below are owned by agencies of the U.S. Government and are available for licensing in the U.S. in accordance with 35 U.S.C. 207 to achieve expeditious commercialization of results of federally-funded research and development. Foreign patent applications are filed on selected inventions to extend market coverage for companies and may also be available for licensing.

ADDRESSES: Licensing information and copies of the U.S. patent applications listed below may be obtained by contacting Charles Maynard, J.D., M.P.H., at the Office of Technology Transfer, National Institutes of Health, 6011 Executive Boulevard, Suite 325, Rockville, Maryland 20852–3804; telephone: 301/496–7057 ext. 243; fax: 301/402–0220; e-mail: cm251n@nih.gov. A signed Confidential Disclosure Agreement will be required to receive copies of the patent applications.

Novel Adipose Seven Transmembrane Domain Protein

C Montrose-Rafizadeh (NIA), C–F Yang
DHHS Reference No. E–213–97/1 filed June 19, 1998

This technology relates to the discovery and isolation of a novel cDNA clone from mouse adipocytes. This invention comprises the identification and isolation of receptors from extra-pancreatic tissues. More specifically, this invention has identified and isolated a novel cDNA clone from mouse adipocytes that appears to be involved in glucose tolerance/intolerance. Clone A contains seven transmembrane domains, designated I through VII. Experiments in human, rat and mice tissues indicates that clone A may be a critical component in the glucose intolerance associated with aging and diabetes. This invention further provides vectors such as plasmids comprising a DNA molecule encoding clone A, adapted for expression in a bacterial cell, a yeast cell, an insect cell or a mammalian cell which additionally comprises the regulatory elements necessary for the expression of the DNA in the bacterial, yeast, insect or mammalian cells operatively linked to the DNA encoding clone A to permit expression thereof.

Methods and Compositions for Reducing Ischemic Injury of the Heart by Administering Adenosine A_3 and Adenosine A_1 Receptor Agonists

KA Jacobson, BT Liang (NIDDK
DHHS Reference No. E–006–98/0 filed May 9, 1997

This technology relates to methods of administering compounds to protect the heart from ischemic injury. In particular, this invention provides agonists which selectively activate adenosine A_3 and A_1 receptors simultaneously, thereby enhancing the protective effects of preconditioning and rendering the myocardium more resistant to ischemia. This invention involves administration of specific A_1 and A_3 agonists during ischemic attacks, or at risk for ischemic damage. The agonists of the invention may be delivered prior to a surgical procedure, and may also be administered to a patient to prevent or reduce the severity of ischemic damage during surgery. Additionally, the A_3/A_1 agonists may be administered following surgical procedures to reduce the risk of post-surgical ischemic complications. The A_3 and A_1 agonists may be administered to patients with agina, which may be chronic and stable, unstable or due to post-myocardial infarction.

Methods and Compositions for Protecting Against Cardiac Ischemia by Administering Adenosine A_{2a} Receptor Antagonists

KA Jacobson, BT Liang (NIDDK)
Serial No. 08/813,787 filed March 7, 1997

This technology relates to methods of administering compounds to protect the heart from ischemic injury. In particular, this invention provides antagonists, which selectively inhibit activation of A_{2a} receptors thereby enhancing the protective effects of preconditioning and rendering the heart more resistant to ischemia. This invention involves administration of a specific A_{2a} antagonist to patients

during ischemic attacks, or at risk for ischemic damage. The antagonists of this invention may be delivered prior to a surgical procedure. They may also be administered to a patient to prevent or reduce the severity of ischemic damage during surgery. Additionally, the A_{2a} antagonists may be administered following surgical procedures to reduce the risk of post-surgical ischemic complications. The A_{2a} antagonists may be administered to patients with angina, which may be chronic and stable, unstable or due to post-myocardial infarction.

Treatment of Stroke and Neurodegeneration

DK Von Lubitz, KA Jacobson (NIDDK)
DHHS Reference No. E–023–96/0 filed April 10, 1996

This technology relates to a method of using certain adenosine amine congeners in the prevention and treatment of brain damage caused by ischemia, hypoxia, and anoxia. The present invention provides a method of treating ischemic, hypoxic, or anoxic brain damage in an animal, particularly a human, comprising administering to an animal recently afflicted with ischemic, hypoxic, or anoxic brain damage, or an animal in imminent danger of suffering ischemic brain damage, a therapeutic does of adenosine or structural analogues of ADAC.

The present invention is predicated on the surprising discovery that ADAC is effective for post-ischemic neuropreservation in the brain at concentrations at least 10-fold lower than other A1 adenosine receptor selective agonists previously studied. At these doses, cardiovascular side effects are not observed in experimental animals.

Method of Treating Ischemic, Hypoxic, and Anoxic Brain Damage

DK Von Lubitz, KA Jacobson (NIDDK)
DHHS Reference No. E–023–96/1 filed May 9, 1996

This technology relates to a method of using certain adenosine amine congeners in the prevention and treatment of brain damage caused by ischemia, hypoxia, and anoxia. The present invention provides a method of treating ischemic, hypoxic, or anoxic brain damage in an animal, particularly a human, comprising administering to an animal recently afflicted with ischemic, hypoxic, or anoxic brain damage, or an animal in imminent danger of suffering ischemic brain damage, a therapeutic dose of adenosine or structural analogues of ADAC.

The present invention is predicated on the surprising discovery that ADAC is effective for post-ischemic neuropreservation in the brain at concentrations at least 10-fold lower than other A1 adenosine receptor selective agonists previously studied. At these doses, cardivascular side effects are not observed in experimental animals.

Dated: March 15, 1999.

Jack Spiegel,

Director, Division of Technology Development and Transfer, Office of Technology Transfer.

[FR Doc. 99–6952 Filed 3–22–99; 8:45 am]

BILLING CODE 4140–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Public Comments Meeting on a Proposed Hematopoietic Cell Transplant Network

Notice is hereby given of the NIH Public Comments Meeting on a Proposed Hematopoietic Cell Transplant Network which will be held Tuesday, April 6, 1999 in the Lister Hill Auditorium of the National Library of Medicine, National Institutes of Health, 9000 Rockville Pike, Bethesda, MD 20892. The conference begins at 8:30 a.m. on April 6.

The purpose of this meeting is to discuss a joint NHLBI/NCI effort to provide an opportunity for collaborative studies in hematopoietic cell transplantation. The objective is to organize a network of transplant centers to review current progress, design and conduct a definitive clinical trials, generate and analyze data, and provide information to physicians, scientists, and the public. This resource will establish an infrastructure to expeditiously perform multi-center clinical trials, and improve therapies. It is hoped that the meeting will address the merits of the transplant network, recommendations as to the best structure and procedures to accomplish the desired goals, and suggestions as to the development and prioritization of studies to improve hematopoietic cell transplantation as a treatment for various diseases. The plan is to be flexible to the needs of the transplant centers, and it will be tested for 5 years. It is not intended to replace the R01 or P01 grant mechanisms.

Hematopoietic cell transplantation is a curative therapy for a variety of hematologic diseases. In recent years, the number of transplant centers has increased, but there has been no simple mechanisms for collaboration among them to address potentially pivotal clinical questions. While promising techniques have been tried, and encouraging pilot data obtained, definitive collaborative studies to improve efficacy and reduce toxicity have not been initiated in many areas.

Frequently, clinical trials in this field have been performed at single institutions without controls, or used historic controls for comparison, or were retrospective and used matched contemporary controls. These kinds of studies are useful to generate hypotheses, and while a well-designed ''Phase II'' trial may be persuasive, the ''gold standard'' remains prospective, randomized, controlled trials, which are more difficult to perform. Not only is patient accrual hampered by investigator bias, competing protocols, rapidly changing technologies, and public perception, but many of the conditions treated are not prevalent. Even large medical centers may not have enough subjects for this type of study, and a mechanism to facilitate collaboration with other investigators is needed.

This project attempts to address these issues, and is expected to provide a coordinated, flexible mechanism to accept ideas and build consensus from the transplant community, which will develop protocols for prompt evaluation. Furthermore, the role of physician bias and media hype in hampering accrual should be addressed by beginning randomized studies early, and posting data from completed trials, ancillary analyses, and interpretations on Webpages for public review. The implementation of this project will create a ''win-win'' situation for physicians, patients, federal agencies, and healthcare organizations.

NHLBI and NCI propose to use a standard NIH competitive mechanism to support this network.

The goal is to test new approaches generated by R01/P01 grants in a timely fashion through definitive trials, based on sound experimental designs. A national transplant trials group would be open to everyone, and accept input on how to prioritize the clinical trials.

All interested individuals are invited to attend the public comments meeting. NIH staff will explain the purpose of the network, solicit comments, and answer questions. Directions to the building and information about accommodations in the area are available upon request.

Individuals wishing to provide oral comments at the meeting, or to provide written comments, should contact: Henry Chang, M.D., Director, Blood Resources Program, NHLBI, Division of Blood Diseases and Resources, MSC 7950, 6701 Rockledge Dr., Room 10170,